



Specialist Medical Review Council
Declaration and Reasons for Decisions
Section 196W
Veterans' Entitlements Act 1986

**Re: Decision of the Repatriation Medical Authority not to make
Statements of Principles for Gulf War Illness or Syndrome**

Request for Review Declaration No. 32

APPENDICES

APPENDIX A: THE CONSTITUTED COUNCIL AND LEGISLATIVE FRAMEWORK OF THE REVIEW

APPENDIX B:

- APPENDIX B1: MATERIAL BEFORE THE RMA
- APPENDIX B2: NEW MATERIAL WHICH WAS NOT BEFORE THE RMA

APPENDIX A: THE CONSTITUTED COUNCIL AND LEGISLATIVE FRAMEWORK OF THE REVIEW

The Specialist Medical Review Council

167. The composition of each Review Council changes from review to review depending on the issues relevant to the particular Statement/s of Principles under review. When a review is undertaken, three to five Councillors selected by the Convener constitute the Council.
168. The Minister must appoint one of the Councillors to be the Convener. If the Council does not include the Convener, the Convener must appoint one of the Councillors selected for the review to preside at all meetings as Presiding Councillor.
169. **Associate Professor David Newman** was the Presiding Councillor for this review. He is Head, Aviation Medicine Unit, at the Monash Centre for Occupational and Environmental Health (MonCOEH). He is a Fellow of the Aerospace Medical Association, the Royal Aeronautical Society, the Australasian College of Aerospace Medicine, and the Australian Institute of Company Directors. He served as a medical officer in the Royal Australian Air Force between 1987 and 2000.
170. The other members of the Council were:
- **Dr Bradley Ng** is a psychiatrist and specialises in adult psychiatry, PTSD, personality disorders and depression.
 - **Professor Andrew Grulich**, a medical epidemiologist and a Public Health Physician. He has worked in HIV research for more than twenty years. His two main research interests are first, the transmission and prevention of HIV infection, and second, the intersection between infection, altered immune function and cancer.
 - **Dr John Waterston**, is visiting Neurologist, Neurology and Oto-neurology Units, Alfred Hospital and Adjunct Senior Lecturer, at Monash University Department of Medicine, Alfred Hospital.
 - **Professor Dino Pisaniello**, who is with the School of Public Health at the University of Adelaide and is the Australian Secretary of the International Commission on Occupational Health. His expertise is in occupational and environmental hygiene, chemical exposure assessment and the management of hazardous material incidents.

The Legislation

171. The legislative scheme for the making of Statements of Principles is set out in Parts XIA and XIB of the VEA. Statements of Principles operate as templates. They are determined by the RMA, and set out those criteria (conditions or exposures), known as factors, that must as a minimum

exist before it can be said that an injury, disease or death can be connected with service, on either or both of the two statutory tests, the reasonable hypothesis test¹ and the balance of probabilities test.² Statements of Principles are ultimately applied by decision-makers in determining individual claims for benefits under the VEA and the Military Rehabilitation and Compensation Act 2004 (the MRCA).³

¹ The reasonable hypothesis test is set out in section 196B(2) of the VEA which provides;
If the Authority is of the view that there is sound medical-scientific evidence that indicates that a particular kind of injury, disease or death can be related to:

- (a) operational service rendered by veterans; or
- (b) peacekeeping service rendered by members of Peacekeeping Forces; or
- (c) hazardous service rendered by members of the Forces; or
- (caa) British nuclear test defence service rendered by members of the Forces; or
- (ca) warlike or non-warlike service rendered by members;

the Authority must determine a Statement of Principles in respect of that kind of injury, disease or death setting out:

- (d) the factors that must as a minimum exist; and
- (e) which of those factors must be related to service rendered by a person;

before it can be said that a reasonable hypothesis has been raised connecting an injury, disease or death of that kind with the circumstances of that service.

² The balance of probabilities test is set out in section 196B(3) of the VEA which provides:
If the Authority is of the view that on the sound medical-scientific evidence available it is more probable than not that a particular kind of injury, disease or death can be related to:

- (a) eligible war service (other than operational service) rendered by veterans; or
- (b) defence service (other than hazardous service and British nuclear test defence service) rendered by members of the Forces; or
- (ba) peacetime service rendered by members;

the Authority must determine a Statement of Principles in respect of that kind of injury, disease or death setting out:

- (c) the factors that must exist; and
- (d) which of those factors must be related to service rendered by a person;

before it can be said that, on the balance of probabilities, an injury, disease or death of that kind is connected with the circumstances of that service.

³ See sections 120, 120A and 120B of the VEA and sections 335, 338 and 339 of the MRCA.

B1: MATERIAL BEFORE THE RMA



CHRONIC MULTISYMPATOM ILLNESS

RMA ID Number	Reference List for #304/SMRC-01 as at 9 April 2014
12804	Southwick SM, Morgan 111 CA, Nicolaou AL & Charney DS (1997). Consistency of memory for combat-related traumatic events in veterans of operation Desert Storm. <i>American Journal of Psychiatry</i> , 154(2): 173-7.
13812	Iowa Persian Gulf Study Group (1997). Self-reported illness and health status among Gulf War veterans: A population-based study. <i>JAMA</i> , 277(3): 238-45.
13886	Zatzick DF, Marmar CR, Weiss DS, Browner WS, et al (1997). Posttraumatic stress disorder and functioning and quality of life outcomes in a nationally representative sample of male Vietnam Veterans. <i>American Journal of Psychiatry</i> , 154: 1690-5.
14455	Rushton L (1993). Further follow up of mortality in a United Kingdom oil refinery cohort. <i>British Journal of Industrial Medicine</i> , 50: 549-60.
14491	Gray GC, Coate BD, Anderson CM et al (1996). The postwar hospitalization experience of US veterans of the Persian Gulf War. <i>NEJM</i> , 335(20): 1505-13.
17194	Hyams KC (1998). Lessons derived from evaluating Gulf War Syndrome: suggested guidelines for investigating possible outbreaks of new diseases. <i>Psychosomatic medicine</i> , Vol 60 pp 137-9.
17215	Wickelgren I (1997). The big easy serves up a feast to visiting neuroscientists. Rat model for Gulf War Syndrome? <i>Science</i> , Vol 278 p 1404.
17216	Cannova JV (1998). Multiple giant cell tumors in a patient with Gulf War Syndrome. <i>Military Medicine</i> , 163(3): 184-6.
17221	Berry C (1997). The Gulf War Syndrome. <i>Journal of Clinical Pathology</i> , Vol 50(5) p360.
17222	Roberts J (1996). New US theory on Gulf war syndrome. <i>British Medical Journal</i> , Vol 312(7038) p 1058.
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17224	Frances AJ and Beckham JC (1998). Identifying illness: pitfalls and discoveries. <i>Psychomatic Medicine</i> , Vol 60 pp 669-670.
17225	Jamal GA, Hansen S, Apartopoulos F, Peden A (1996). The "Gulf War Syndrome". Is there evidence of dysfunction in the nervous system? <i>Journal of Neurology, and Psychiatry</i> , Vol 60 pp 449-451.
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17227	Grady EP, Carpenter MT, Koenig CD, Older SA, Battafarano DF (1998). Rheumatic findings in Gulf War Veterans. <i>Archives of Internal Medicine</i> , Vol 158 pp 367-371.
17228	Roberts J (1995). Gulf war syndrome needs coordinated study. <i>BMJ</i> , Vol 310 p 77.
17229	Warden J (1995). The politics of a cradle to grave NHS. <i>BMJ</i> , Vol 310 p 692.

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17231	Roberts J (1995). US report denies that gulf war syndrome is disease. BMJ, Vol 311 p 406.
17232	Revell T (1995). The Gulf war syndrome. BMJ, Vol 310 p1073.
17233	Currie E (1995). The Gulf war syndrome. BMJ, Vol 310 pp 1334-5.
17234	Sillanpaa MC and Agar LM (1999). Minnesota multiphasic personality inventory-2 validity patterns: an elucidation of Gulf War Syndrome. Military Medicine, Vol 164 (4) pp 261-263.
17235	Murphy FM (1999). Gulf war syndrome. There may be no specific syndrome, but troops suffer after most wars. BMJ, Vol 318 pp 274-5.
17236	Coker WJ, Bhatt BM, Blatchley NF, Graham JT (1999). Clinical findings for the first 1000 Gulf war veterans in the Ministry of Defence's medical assessment programme. BMJ, Vol 318 pp 290-4.
17242	Ferguson E; Unwin C, et al (1999). [Comments] Is there a Gulf war syndrome? The Lancet, Vol 353: 1183-4.
17243	Ismail K, Everitt B, Blathcley N et al (1999). Is there a Gulf War Syndrome? The Lancet, 353(9148): 179-82.
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17246	Macilwain C (1995). Call for more coordination of Gulf war syndrome research. Nature, Vol 373 p 92.
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17250	Kaufer D, Friedman A, Seidman S, & Soreq H (1998). Acute stress facilitates long-lasting changes in cholinergic gene expression. Nature, Vol 393 pp 373-7.
17251	Stretch RH, Bliese PD, Marlowe DH, Wright KM, Knudson KH, Hoover CH (1995). Physical health symptomatology of Gulf War-Era Service Personnel from the States of Pennsylvania and Hawaii. Military Medicine, Vol 160 (3) pp 131-6.
17252	Milner IB, Axelrod BN, Pasquantonio J, Sillanpaa M (1994). Is there a Gulf War syndrome? JAMA, Vol 271(9) p 661.
17253	Schlesinger N, Baker DG, Schumacher HR Jr (1997). Persian Gulf war myalgia syndrome. The Journal of Rheumatology, Vol 24 (5) pp 1018-9.
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17255	Haley RW, Kurt TL, Hom J (1997). Is there a Gulf War Syndrome? Searching for syndromes by factor analysis of symptoms. JAMA, 277(3): 215-22.
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17257	Haley RW, Kurt TL (1997). Self-reported exposure to neurotoxic chemical combinations in the Gulf War. A cross-sectional epidemiologic study. JAMA, 277(3): 231-7.
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17263	Haley RW (1997). Is Gulf War Syndrome due to stress? The evidence reexamined. <i>American Journal of Epidemiology</i> , 146(9): 695-703.
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17317	Haley RW, Hom J, Roland PS, Bryan WW, Van Ness PC, et al (1997). Evaluation of neurologic function in Gulf War veterans. A blinded case-control study. <i>JAMA</i> , Vol 277 pp 223-230.
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17321	Sillanpaa MC, Agar LM, Milner IB, Podany EC, Axelrod BN, & Brown GG. (1997). Gulf War veterans: a neuropsychological examination. <i>Journal of Clinical and Experimental Neuropsychology</i> , Vol 19(2) pp 211-9.
17322	Stretch RH, Bliese PD, Marlowe DH, Wright KM, Knudson KH, Hoover CH. (1996). Psychological health of Gulf War-Era military personnel. <i>Military Medicine</i> , Vol 161(5) pp 257-261.
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17327	Hyams KC (1998). Developing case definitions for symptom-based conditions: the problem of specificity. <i>Epidemiologic Reviews</i> , Vol 20(2) pp 148-156.
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17490	Nicolson GL, Hyman E, Korenyi-Both A, Lopez DA, Nicolson N, Rea W, Urnovitz H. (1995). Progress on Persian Gulf illness - Reality and hypotheses. <i>International Journal of Occupational Medicine and Toxicology</i> , Vol 4 (3) pp 365-70.
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17537	A guide to Gulf War Veterans' Health: 1998 Continuing Medical Education Program Independent Study: Release in March 1998 by Department of Veterans' Affairs, US.
17548	VA establishes new Advisory Committee on Gulf War Illnesses. Http://www.gulflink.osd.mil/news/na_va_committee_9sep99.html
17549	Remarks by Dr. Bernard Rostker. Special Assistant to the Deputy Secretary of Defense for Gulf War Illnesses prepared for American Legion National Convention, National Veterans Affairs & Rehabilitation Commission Meeting, September 4, 1999. Http://www.gulflink.osd.mil/spch_amlegion_4sep99.html
17550	Special Oversight Board for Department of Defense Investigations of Gulf War Chemical & Biological Incidents. Interim Report.(1998)
17551	Extracts from Public Law (1999)105-368 105th Congress An Act To...
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Appendix A

Information received in relation to investigation 304-04 concerning Gulf War syndrome (chronic multisymptom illness) as at 9 April 2014

1. Submissions

- 1.1 [REDACTED] 23 February 1998 (1412212R);
- 1.2 [REDACTED], 9 July 1999 (1412218R);
- 1.3 [REDACTED], [REDACTED] 21 July 1999 (request for investigation) (1412213R);
- 1.4 [REDACTED], 'Submission of the health concerns, exposures and supporting evidence linking veterans' chronic ill health with service in the Persian Gulf', undated (May 2000?) (1412215R);
- 1.5 [REDACTED] 6 May 2000 (1412217R);
- 1.6 [REDACTED] 1 November 2000 (1412216R);
- 1.7 RMA medical researcher report - January 2001 attendance at Gulf War illnesses conference - Washington DC - February 2001 (1410894R);
- 1.8 RMA medical researcher file note, May 2003 (1412214R);
- 1.9 RMA medical researcher briefing paper 'Investigation concerning "Gulf War syndrome"', 23 June 2003 (13105828R);
- 1.10 [REDACTED] 20 November 2008, request for an Investigation/Review of the decision not to make a Statement of Principles concerning Gulf War syndrome (includes details of original RMA decision 2003 and a recent US Department of Veterans Affairs Research Advisory Committee on Gulf War Veterans' Illnesses paper) (1412221R);
- 1.11 [REDACTED] 17 January 2009, request for investigation on behalf of [REDACTED] (1412225R);
- 1.12 [REDACTED] 27 January 2009, request for investigation (1412227R);
- 1.13 [REDACTED] email, 27 May 2009 (1412222R);
- 1.14 [REDACTED] submission, 27 May 2009 (1412228R);
- 1.15 Allergy and Environmental Sensitivity and Research Association Inc (AESSRA), submission, received 29 May 2009. The submission provided an abstract of an article on multiple chemical sensitivity, a summary of a book authored by Pall (2007) which has a chapter on Gulf War syndrome (including a list of the 58 references cited in this chapter), and a new, soon-to-be-published review on multiple chemical sensitivity by the same author (1412224R). [The chapter on Gulf War syndrome was obtained for further review, but the material on multiple chemical sensitivity was not obtained as it has only indirect relevance to this investigation.]

- 1.16** [REDACTED] 28 May 2009, submission citing Binns Report that there is sufficient evidence to determine Statements of Principles related to exposure to pyridostigmine bromide, the health effects of vaccines given to ADF members, and, particularly, the health effects of receiving multiple vaccines (1412226R).
- 1.17** [REDACTED], 23 June 2009, letter detailing exposure to multiple inoculations and pyridostigmine bromide tablets (one tablet three times a day for several days). Includes letter from GP, who has diagnosed him with an unexplained allergic type reaction, and a detailed chronological listing of his allergic episodes over the last 6 years (1412223R).
- 1.18** RMA medical researcher briefing paper 'Gulf War syndrome', June 2010 (13105908R);
- 1.19** [REDACTED] 7 February 2012 (request for investigation) (1412219R);
- 1.20** [REDACTED] 3 May 2012 (request for an investigation concerning 'toxic effect of a specified substance ICD code T65.8, toxic substance concerned pyridostigmine bromide') (1412229R);
- 1.21** [REDACTED] 3 August 2012 – letter seeking review of RMA decision of 15 June 2012 not to undertake an investigation concerning 'toxic effect of a specified substance ICD code T65.8, toxic substance concerned pyridostigmine bromide' (1412230R);
- 1.22** RMA medical researcher discussion paper 'Toxic effects of pyridostigmine bromide', June 2012 (1398457R);
- 1.23** [REDACTED], submission (email), 25 March 2013 (13631R)
- 1.24** [REDACTED], letter and submission, 3 April 2013 (13632R);
- 1.25** [REDACTED] submission, 4 April 2013 (13634R);
- 1.26** [REDACTED] submission, 5 April 2013 (13375R);
- 1.27** [REDACTED] submission (email), 18 June 2013 (1351853R);
- 1.28** [REDACTED], submission (email), 20 July 2013 (1362111R);
- 1.29** RMA medical researcher powerpoint presentation 'Functional syndromes Nosology and definitions', October 2013 (13100104R);
- 1.30** RMA medical researcher discussion paper 'Disease classification and medically unexplained symptoms', December 2013 (1385274R);
- 1.31** RMA medical researcher discussion paper (excel spreadsheet) 'Categorisation and review of articles in the Binns Report', February 2014 (143750R);
- 1.32** RMA medical researcher discussion paper 'Comparison of SOPs and Proposed SOPs for functional disorders', March 2014 (147630R);
- 1.33** [REDACTED], submission (email), 13 March 2014 (148063R);
- 1.34** [REDACTED], submission, 7 April 2014 (149572R);

2. Other information

- 2.1** Repatriation Medical Authority, Statement re investigation into Gulf War syndrome, 18 August 2003 (13106214R).
- 2.2** Email correspondence [REDACTED], dated 16 & 17 July 2009, to [REDACTED], outlining the IOM Review process and [REDACTED] response dated 17 July 2009 ([REDACTED] dated 23 January, 2009) (1412220R);
- 2.3** A follow-on from the previous email from [REDACTED] dated 16 July 2009 sent to [REDACTED] and on-forwarded [REDACTED] (1413838R);

- 2.4** Repatriation Medical Authority, Statement of Reasons re investigation into Gulf War syndrome, 18 June 2010 (13105889R).
- 2.5** Repatriation Medical Authority, Statement of Reasons regarding its decision not to carry out an investigation into 'Toxic effect of a specified substance (ICD code T65.8) – pyridostigmine bromide, 15 June 2012 (143486R).

APPENDIX B2: NEW MATERIAL WHICH WAS NOT BEFORE THE RMA

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